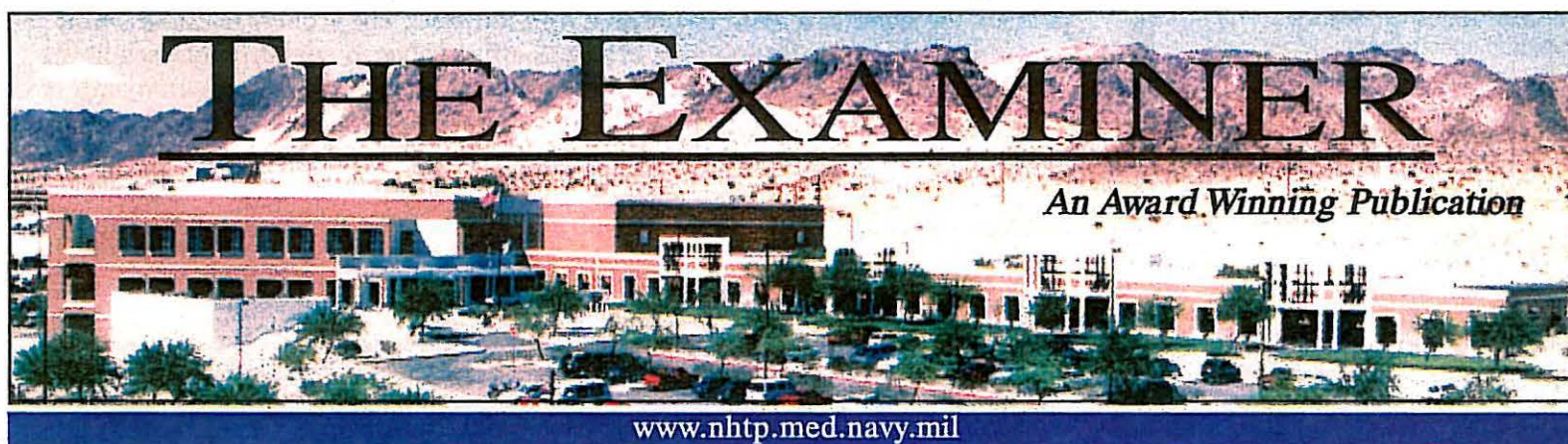
Robert E. Bush  
Naval Hospital

## Naval Hospital Honors People of the Quarter



The Robert E. Bush Naval Hospital recently selected the Officer, Sailor and Civilians of the Quarter for the period of July 1st through September 30, 2007.

Selected to share the honor of Officer of the Quarter are Lt. Neal Cascardo and Lt. Cmdr. Jessica Souther.

Cascardo's citation reads in part, "As Manpower Division Officer, Human Resources Department, you executed your duties with the ease of an officer more seasoned and more senior.

Your constant vigilance for performance improvement facilitated on-time award's submission to 60 percent. Your success rate as the E4-E6 Enlisted Administrator with zero discrepancies, continued this cycle without fail. You performed superbly as Acting Department Head for one month, overseeing the transition to the Medical Readiness Reporting System. You oversaw the end of the Civilian PARS cycle with a new Civilian Personnel Liaison onboard less than 30 days with a 99 percent completion rate and one outstanding PARS excused for workman's compensation leave."

Souther's citation reads in part, "During this time you distinguished yourself as a superior clinician, leader, and educator. Your dedication to the best interest of your patients is a testament to your love of the medical profession and your desire to help others. Your involvement with numerous hospital committees has been invaluable in ensuring that medical care is delivered safely and efficiently throughout the Command. Your efforts to teach and train those



around you reflect your desire to share your knowledge with others and elevate those around you."

Petty Officer 2nd Class Brandon Carrillo, Laboratory Department, has been named the Senior Sailor of the Quarter.

His citation reads in part, "As Blood Bank Lead Technician, you initiated and completed significant improvements, working at a level of technical expertise and professionalism consistent with a very senior technician. Your work was instrumental in

the successful implementation of a new gel-based technology in the Blood Bank. During the Lab's biennial College of American Pathologist's (CAP) Self Assessment you reviewed 179 items within the Transfusion Medicine Assessment Checklist for applicability, verified compliance, and addressed all issues by initiating corrective actions. Beyond your work in the Laboratory, you played on the 2007 Naval Hospital Soccer Team, helping the team win the



*Continued on page 5*

### Inside...

Beginning January 1, 2008, drivers in California will be fined \$100 for smoking in a vehicle carrying anyone under the age of 18. *page 2*

Cooler temperatures, changing leaves and shorter days aren't the only hallmarks of the fall season. It's also time to prepare for flu season. *page 2*

Based on legislation authored by Senator Daniel K. Inouye (D-Hawaii) and Representative Eni Faleomavaega (D-American Samoa), a joint Congressional Resolution was approved by President George H. W. Bush in 1990, designating the month of November as National American Indian Heritage Month. *page 3*

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# Second Hand Smoke Laws And Protecting Kids From Second Hand Smoke

**Martha Hunt, MA, Health Promotions Coordinator**  
**Robert E. Bush Naval Hospital**

**B**eginning January 1, 2008, drivers in California will be fined \$100 for smoking in a vehicle carrying anyone under the age of 18. This enforcement includes whether the vehicle is moving or at rest.

Second hand smoke is the leading reason why children under the age of 18 months access the health care system and in fact, over 6,000 children under the age of five die every year in the U.S. because of someone smoking around them. Second hand smoke by anyone in the home is also the leading cause of Sudden Infant Death Syndrome (SIDS) with 1 in 10 deaths in infants under 1 year of

age being tobacco related. There are 21 cases of SIDS every year in the state of California that are due to SHS. While that may not sound like a very high number, what if it is your baby that dies due to someone smoking around him or her?

If you smoke anywhere around other people you are causing: asthma, bronchitis, cough, impaired breathing, sore throats, wheezing, inner ear damage, pneumonia, colic, tooth decay, lung cancer, breast cancer, diabetes, allergies, sinus cancer, phlegm, adenoid disease, snoring, tonsillitis, heart disease, lung disease, sinusitis, meningitis, worsening of cystic fibrosis, and ear infections. In other

words, everything you are at risk for as a tobacco user, the people around you are at risk for when they breathe second hand smoke. We also now know that SHS sets kids up for adult heart disease as young as age eleven.

Another important legal issue to be aware of is tobacco use, either in the home or outside, is now starting to become a factor

in parental rights and visitation in divorce cases. California is one of several states that consider parental tobacco use as grounds for denying visitation and custody.

Most importantly, if you use tobacco anywhere around your child, they are learning to use tobacco from you. The sooner you give up tobacco, the less

likely your kids are to ever start using tobacco. The Health Promotions program in the Naval hospital offers tobacco cessation classes on a monthly basis. If you smoke or dip you can get help quitting. Call 830-2814 for more information. Don't let your child start life under a cloud of smoke.

## November Smoking Cessation Class Scheduled

**K**ick the habit and learn to become tobacco free! The Robert E. Bush Naval Hospital Health Promotions Program offers tobacco cessation classes in the Naval Hospital. Classes are offered at two convenient times of noon and 5:30 p.m. To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start November 27 and will run every Tuesday until December 18th. Call now before it all goes up in smoke!

## Fight Off the Flu

**By CiCi Moore**  
**TriWest Healthcare Alliance**

**C**ooler temperatures, changing leaves and shorter days aren't the only hallmarks of the fall season. It's also time to prepare for flu season.

According to the Centers for Disease Control and Prevention, each year in the U.S.:

- \* 5 to 20 percent of the population gets the flu
- \* More than 200,000 people are hospitalized from flu complications
- \* Approximately 36,000 people die from the flu

You can help prevent the flu from affecting you and your family this season by getting a vaccination, preferably in October or November, although it can still be beneficial to get vaccinated in December or later. Flu season typically peaks in February, but can begin as early as October and last as late as May.

A flu shot is a covered preventive services benefit for all TRICARE Prime, Standard and Extra beneficiaries.

### Who should get Vaccinated?

An annual flu vaccine is recommended for anyone 6 months of age and older who wants to fight off the flu, especially those at high risk, including:

- \* People 50 years of age and older
  - \* Children 6 months to 5 years old
  - \* Residents of long-term care facilities housing persons with chronic health conditions
  - \* People with heart, kidney, lung or metabolic disease or muscle or nerve disorders
  - \* Those with a weakened immune system due to HIV/AIDS, long-term treatment with drugs such as steroids, or cancer treatment with x-rays
  - \* Individuals 6 months to 18 years of age on long-term aspirin treatment
  - \* Women who will be pregnant during flu season
- Consult your doctor before getting vaccinated if you:
- \* Have a severe egg allergy
  - \* Have ever had an allergy to a vaccine
  - \* Are ill
  - \* Have ever had Guillain-Barr Syndrome

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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# Celebrating Native American Indian Heritage Month

By HM1(FMF) Michael R. Santos, USN  
Biomedical Equipment / Material Management  
Robert E. Bush Naval Hospital

**B**ased on legislation authored by Senator Daniel K. Inouye (D-Hawaii) and Representative Eni Faleomavaega (D-American Samoa), a joint Congressional Resolution was approved by President George H. W. Bush in 1990, designating the month of November as National American Indian Heritage Month. This year's theme is: "Honoring Warriors: Past & Present".

Let me retrace the glorious path of America's first residents. Scientific evidences suggest that they migrated 25,000 years ago during the Pleistocene epoch (AKA ice-age, 11.5 thousand to 1.8 million years ago), through massive land bridges connecting Asia to America from Siberia via what is now the Bering

Strait into the present day Alaska. Thereafter, they spread and settled everywhere in the American continent. It is believed that the melting of the polar ice caps followed by the rising of global sea levels contributed to the disappearance of these land bridges.

According to historical facts, the 10th century Vikings explored the Americas but their settlements did not prosper into permanent colonies because of hostilities with the natives, whom the Norse referred to as Skraelings, a name given to the Thules (ancestors of the modern day Inuits). It was an Italian navigator and explorer, Christopher Columbus, who in 1492, made the biggest influence. Enticed by the exotic tales of the orient by Marco Polo dur-

ing the era of the Silk Road Trade, Columbus set a westward route and sailed for the Far East (then known as the medieval Asia) with a firm belief that the world is a sphere. Instead, he landed in what was to be known as the New World. Believing that he was in the East Indies, Columbus referred to the natives he met along the way as Indians. His historic voyage opened the Americas to large-scale colonization by Europeans. The rest is history.

Although most of the ethnic members find it acceptable to be called either American Indians or Native Americans, many still prefer to be addressed by their specific tribal designations (such as Apache, Blackfeet, Cherokee, Cheyenne, Chippewa, Choctaw, Creek, Sioux, Navajo and many other tribes which numbers more than 700) believing that it gives them their genuine pride and dignity. To identify the

groups served by the Department of the Interior's Bureau of Indian Affairs, the term American Indian or Native American and Alaska Native (Aleuts, Inuits, Eskimos and Yupiks in Alaska) were created. This should erase the mark of bigotry and alleviate confusions in differentiating between the people of India in South Asia and the indigenous natives of America. However, other names pop out of some literature such as Amerindians, Amerinds, Original Americans and just plain Indians.

More than half of the United States' names originated from different tribes and languages such as: Alabama (Alibamu tribe); Connecticut (Mohican's Quinnehtukqut), which means beside the long river; Illinois (Illiniwek tribe); Indiana (land of the Indians); Kentucky, (Iroquian's Kentahten), which means land of tomorrow and etc.

Many American English words also have their origins from American Indians such as bayou (Choctaw's bayuk), igloo (Inuit's iglu), kayak (Yupik's qayaq), squash (Narragansett's askutasquash), moose (Abenaki's mos), tepee (Sioux's tipi), tomahawk (Algonquian's tamahaac) and many other words.

Their contribution to field of music, medicine, arts, economics and religion brought significant impact to our present cul-

ture as well. But their most important contribution is heroism though military service. From the War of 1812 to Operation Iraqi Freedom, over 185,000 Native American veterans have served our country gallantly, 24 of whom are recipients of the Medal of Honor.

The most notable of all are the Navajo Code talkers who transmitted secret cryptological messages over tactical phones and radio using their native tongue, a method which is almost impossible to be deciphered by the enemy. It is a remarkable story of ancient people, called to serve in a modern war. This exceptional service to the country that only they could give turned the tide of battle and was instrumental in the victory over Japan during World War II. Several thousands are still actively serving as Airmen, Marines, Soldiers and Sailors in the armed forces and dedicating their precious life for our country's global war on terror.

The exotic saga of our Native American brethren is carved in history by the blood of noble warriors and heroines who played significant roles in cultivating the rich heritage of the United States of America. They shared the wisdom that humans can co-exist harmoniously with nature and ingrained upon us the spirit of building a great country out of the vast frontier no matter how diverse we are.

## DoD Reports on Mental Health Task Force Recommendations

**T**he Department of Defense (DoD) released its report on achieving the vision of the DoD Task Force on Mental Health to improve mental health services provided to members of the Armed Forces on September 21, 2007. The Task Force, established by Section 723 of the National Defense Authorization Act for Fiscal Year 2006, made 95 recommendations in their findings on June 12, 2007. Service members and their families can expect sweeping changes throughout the Defense Department's mental health care services during the next year. The Department's implementation plan submitted to Congress last month details hundreds of proposed actions that officials hope will make the system more patient-focused. Many of the major changes are slated to be in place by as early as May 2008.

DoD addressed the broad categories of recommendations in the Task Force's vision of change through a focus on six key objectives:

- 1) leadership, culture and advocacy;
- 2) access to care;
- 3) quality of care;
- 4) resilience building and stigma reduction;
- 5) surveillance, research and evaluation; and
- 6) care transition and coordination.

"Navy Medicine is already in the process of making the changes recommended by the Mental Health Task Force," stated VADM Adam Robinson, Jr., U.S. Navy Surgeon General. "We are moving forward to enhance our current culture to ensure it continues to more fully develop and support a state

of robust psychological health throughout the Navy and the Marine Corps, and that is consistent across the Services."

Navy Medicine is working with its other military health care partners and with the departments of Veterans Affairs and Health and Human Services to develop a plan to work through each of the recommendations, in many cases crossing the bureaucratic borders of each organization, to refocus the delivery of care to the patient's point of view. This resulted in an end state that provides a comprehensive integrated system of excellence in prevention and care that flexes to meet the needs of individual Service members and their families across the military deployment cycle.

"Patient and family centered-care is a standard of practice in Navy Medicine," said Robinson. "We are absolutely committed to doing what's best for our patients and their families who support them."

The changes proposed also call for a shift in how the department has traditionally focused its mental health care. The focus previously has been on diagnosis and treatment. The shift ... is to help people understand that prevention, and helping people maintain their health, is just as important. This calls for education and training for leaders, providers and patients.

Probably one of the most visible changes in the system will be streamlined mental and physical evaluation board processes that will offer more consistency between Defense Department and VA

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# Super Stars

*Steve Crowder, Physical Therapy Department receives a Five Year Federal Length of Service Award.*



*Lt. Jenny Culbertson receives a Navy and Marine Corps Commendation Medal for her work at her previous command of Naval Hospital Camp Pendleton.*



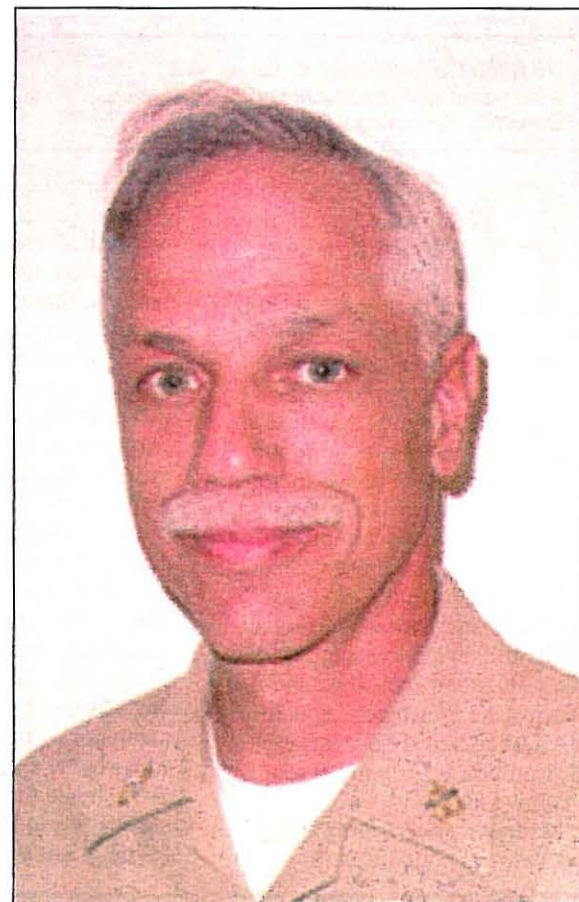
*Cmdr. Jeanmarie Jonston, Director for Administration at the hospital receives a 3-6-9 Certificate for running 900 miles.*



*Lt. Suzanne Kraft, Head, Operating Management Department, receives a 3-6-9 Certificate for running 600 miles.*



*Lt. Tom Nelson, Head, Preventive Medicine Department, receives a 3-6-9 Certificate for running 300 miles.*



*HMCS George Noli, Preventive Medicine Department, receives a 3-6-9 Certificate for running 900 miles.*



*HM3 Sarilyn Ogumoro, Surgical Suite, receives a 3-6-9 Certificate for running 600 miles.*



# Naval Hospital Honors People of the Quarter...

*Continued from page 1*

Commanding General's Captain's Cup. You also donated your time and energy working with the children of the community as a certified soccer coach, and teaching self-defense classes."



Tiffany Niles, Assistant Department Head, Operating Management Department, has been selected as the Senior Civilian of the Quarter.

Her citation reads in part, "You consistently provided outstanding service to the Command. You orchestrated the Best Access bid of \$176,000 to bring

all doors throughout the facility online so that security can be maintained and monitored from a central location. You organized and tracked two zone inspections throughout the Command ensuring all outstanding and safety issues were brought to the attention of the appropriate personnel and also minimize time lost due to safety mishaps. You diligently monitored the status of security clearances allowing the Command to reach the 90 percent goal of having all personnel with either pending or current security clearances. You ensured all timelines were met and contributed to the overall readiness of the Command by maintaining the database for security clear-



ances. Under your leadership, the housekeeping staff has had very few complaints despite a staffing shortage, and your efforts have resulted in the mailroom passing all quarterly base inspections with high marks."

Petty Officer 3rd Class Sarah Bremmer, Emergency Medicine Department, has been selected as the Junior Sailor of the Quarter.

Her citation reads in part, "As Assistant Leading Petty Officer, you were directly responsible for 16 staff Corpsmen and one Marine driver in the Emergency Medical Department, training them in IV therapy, venipuncture, medication administration, wound care and closure, and triage techniques. Your ability to manage the Emergency Management Team supplies valued at \$115,000 was consistent with your outstanding performance of duties. You completed three college level courses leading to completion of a Baccalaureate degree. Your sense of duty and compassion for the military and the community were evident in your participation in two full military honors funerals, two retirement ceremonies, and one Flag Day ceremony with the Command Color Guard."

Susan Taylor, Dental Assistant at Branch Health Clinic China Lake has been named the Junior Civilian of the Quarter.

Her citation reads in part, "You have consistently displayed extraordinary devotion to service and unquestionable professionalism. You have worked tirelessly to increase the dental readiness to 93 percent for 7



tenant commands in support of 1100 personnel. Your active involvement in the Command's MWR activities and participation in numerous car washes, pot lucks, bake sales, hail and farewells, and breakfast sales helped raise over \$500.00. By your own initiative you enhanced the Dental Technicians knowledge by providing advanced procedural training."

Hospitalman Apprentice Artemas Finnell, Branch Health Clinic China Lake has been selected as the Blue Jacket of the Quarter.

His citation reads in part, "As the Assistant Readiness Coordinator, your monitoring and diligence in ensuring appointments were kept, result-

ed in 93 percent dental readiness base-wide. As Assistant Equipment Petty Officer, you conducted a wall-to-wall inventory of over 250K in dental equipment, correcting material discrepancies resulting in 100 percent accountability of equipment. You volunteered for numerous community events and projects thereby improving the relationship of the military population with the community. Your ability to work in many



aspects of medicine, from clinical to field medical support further demonstrated your versatility as a skilled Corpsman."

Congratulations!

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# New Navy Surgeon General Puts Patients, Families First

By David Mays  
Special to American Forces Press Service

WASHINGTON, Oct. 3, 2007 -- Patients, not process, must always come first, the Navy's surgeon general said yesterday. "If I can keep my eye on the ball — and that is healthcare, people, patients, families — then I can always get the administrative or the process problems cared for and done," Vice Adm. Adam M. Robinson Jr. told online journalists and bloggers' yesterday during a conference call from National Naval Medical Center in Bethesda, Md.

Robinson, who commanded the Bethesda facility before he was promoted to oversee all of Navy medicine about a month ago, said he is committed to knocking down bureaucratic barriers that may get in the way of medical care.

"We can never lose sight of the fact that we take care of patients," he said. "We need to provide care for patients."

That care must be world class, he said, whether it is delivered in stateside military medical facilities or on the front lines.

"Force health protection is a fit and ready force," Robinson explained, "to deploy with the war fighters. It's there to care for the warfighters no matter what that care may be."

Besides treating trauma cases such as servicemembers wounded in combat, deployed military health care personnel are providing preventative medicine, obstetrics and gynecological treatment, pediatric infectious disease diagnosis, and other services, the admiral said. "There could be a variety of

things that we may need to do at any given time," he said.

Providing medical services to veterans is also a top priority, the admiral said. "It is our honor and privilege, and it is our duty to care for them," he said.

One facility that has famously cared for millions of servicemembers, veterans and military families is Walter Reed Army Medical Center in the nation's capital. It is mandated to close in 2011 under the Base Realignment and Closure law, as is the National Naval Medical Center. A new facility to be built on the Bethesda campus will be known as the National Military Medical Center and will be staffed by Army, Navy and Air Force personnel.

"It takes more than any one single service to get the job done," Robinson said, noting that many military medical missions, such as the USNS Comfort, are already jointly

staffed.

There's been major progress toward the new medical center in the past few weeks, the admiral explained, such as the standing up a joint task force to oversee the project. "There's now a unity of command that exists," he said.

Everyday health care, such as making medical appointments and filling prescriptions, is also important, the admiral said. To that end, the military is making an extra effort to recruit and retain key medical positions by offering attractive incentives such as bonuses. "In the military, we talk about recruiting an individual, and retaining a family," Robinson said. "That's important."

Professional development and personal enrichment are both required to keep talented medical personnel motivated to serve in the military on a long term basis. Even so, many

staffers leave, he said, after their initial enlistment.

"I think part of that is because of the war," Robinson said. "But I think most of that is because they don't see career paths that are open to them on the military side."

Fixing career-path problems is a top priority, the admiral said, but caring for servicemembers wounded in war is an even more urgent mission. "Once you're wounded, I can never guarantee you'll get back to the same," Robinson said. "But I can try my darnedest to make sure that you are as good as you can possibly be and then get you back into your communities so that you can become a productive, vibrant part of that community and help the United States understand exactly what the cost of freedom really is from a very personal point of view."

## Women's Health

# Early Detection and Prevention can Keep You Healthy

By Mandy Page, RN  
Breast Health Coordinator  
Robert E. Bush Naval Hospital

As a woman in today's society there are several health issues that can

affect our daily lives. These issues can be easily prevented or detected earlier by getting a simple routine exam. This exam is a Well Woman's Exam.

A Well Woman's Exam includes several simple tests to ensure that you are at optimum

health. Your age will determine which exam you will need.


When you go for a Well Woman's Exam you should always have your height, weight, blood pressure, heart rate, respiratory rate, and temperature assessed. Your health care provider should discuss these values with you to ensure that they are within normal lim-

its. The other exams that you can expect depending upon your age are a breast exam, mammogram, pelvic exam, and a pap smear.

A breast exam should be performed on women after the age of 20 or earlier if instructed by your provider. You should have this exam every three years or as

needed for women ages 20-40. At age forty you should have this exam performed on a yearly basis. This exam is used to find changes in your breast anatomy. You should also observe your breast for changes such as nipple discharge, mass, nipple

*Continued on page 7*



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## NSPS Comes to Naval Hospital Twentynine Palms

Beginning in March 2008 some of our staff members here at the hospital will be converted to the National Security Personnel System (NSPS).

Those affected in this first transition have been notified and are in jobs that are not represented by the local employees union. Those affected are primarily in supervisory or management positions.

According to the Department of Defense and Department of the Navy all employees will eventually be converted to the NSPS system, which is a merit based pay system, meaning that pay raises and bonuses will be based on job performance rather than job longevity.

Those employees remaining in the General Services or Wage Grade positions at this time will not be affected, and any cost of living and time in grade increases will take place as scheduled.

Currently the command's working group for this conversion has undergone some preliminary training to make the transition as smooth as possible and to ensure that supervisors as well as involved employees will receive as much information and training as possible.

NSPS Training for Supervisors and Employees has been scheduled for 14 ñ 16 January 2008, and Introduction to Pay Pool Management is set from 11 ñ 13 March 2008. This training will take place in-house and be given by visiting instructors. Those eligible for this training will be scheduled and notified.

There are several sources anyone can access for further information. To access these sources visit <http://www.cpmis.osd.mil/nsps> or by clicking on the link on our intranet page. It is recommended that anyone interested in this conversion process should take the NSPS-101 and "isuccess" courses. These courses are required for employees and supervisors involved this initial conversion.

## Fight Off the Flu...

Continued from page 2

### Symptoms of the Flu

Flu symptoms typically begin very quickly and include:

- \* High fever usually with chills
- \* Headache
- \* Extreme tiredness
- \* Dry cough
- \* Sore throat
- \* Runny or stuffy nose
- \* Muscle aches
- \* Stomach symptoms, such as nausea, vomiting, and diarrhea

Most people recover from the flu in 1-2 weeks; however, some people, especially the elderly and young children, can experience serious flu-related complications.

For more information, visit the Centers for Disease Control Web site at [www.cdc.gov](http://www.cdc.gov).

### Get Immunized!

#### In the TRICARE Network

First consult your primary care manager (PCM) about getting the vaccination. If you are enrolled at a military treatment facility (MTF), contact your MTF to find out if and when flu shots are offered. If you get a flu shot from a network provider you do not need a referral or authorization from your PCM.

#### Out of Network

Flu shots received from a non-network provider are subject to point-of-service charges for TRICARE Prime beneficiaries. File a Beneficiary Claim Form (DD Form 2642, available online at [www.triwest.com](http://www.triwest.com) under "Find a Form") for reimbursement of out-of-pocket expenses if you receive the vaccine outside of an MTF setting. To file a claim online, go to [www.triwest.com](http://www.triwest.com), click on "Find a Form" (under the "Beneficiary" heading) and click on "Beneficiary Claim Form" (DD Form 2642, TRICARE DOD/Champus Medical Claim/Patient's Request for Medical Payment).

## retraction, dimpling, a Women's Health...

Continued from page 6

persistent rash, or any other changes. You should report any changes to your health care provider right away.

Mammography is a tool used to screen for breast abnormalities that we may not be able to see or feel. Mammograms should be started at age 40 unless you are high risk. Some of the factors that can make you high risk is a family history of breast cancer, personal history of breast cancer, early onset of menses, late menopause, and as you get older your chance increases. You should discuss your risk factors with your physician to see when it is appropriate for you to have this exam. The exam should be performed on a yearly basis preferably after your clinical breast exam.

A pelvic exam is a physical exam to check your reproductive organs and may include a pap smear. A pap smear checks for changes in the cells of your cervix. These exams should be performed starting at age 21 or after three years of intercourse; whichever comes first. Women should have pap smears performed every year until age thirty. At age thirty if you have had three normal pap smears you can start having them done every two to three years. If you are high risk or you have not had three normal exams then you should discuss the frequency with your health care provider.

All women should be aware of their own body and what are normal changes and what changes should be reported to your health care provider. You as a woman are the best advocate for your health care. The second most important advocate is your health care team. Please let us help promote your health. Having these exams at the recommended interval will help to ensure that you can stay a strong, healthy, proud, advocate as a woman for your health.

These exams can be scheduled by calling Central Appointments at 30-2752 or Mandy Page at 830-2501.

## Task Force Recommendations...

Continued from page 3

assessments.

Also key in the plan is ensuring service members and their families receive a full continuum of care during transitions, especially from military to civilian life. Most of the changes have to do with recordkeeping and working to improve provider "hand-offs" of patient information. This is critical in military healthcare as patient information often is recorded on the battlefield and passed successfully to military hospitals for care, but sometimes there are gaps as the patient transitions to Veterans Affairs or to a civilian

provider.

"Psychological health and fitness must be placed on an equal footing with physical health and fitness," Robinson said. "We have a responsibility to effectively identify and treat all psychological health conditions and ill effects of war, and we are committed to accomplishing that through a consistently excellent standard of care across Navy Medicine."

Many changes will revise department policies to reflect a more current knowledge of psychological health. And part of the plan is an anti-stigma public

education campaign targeting service members and family members who neglect or postpone treatment. The aggressive timeline for implementing the changes reflects the Department's and Navy Medicine's commitment to timely change for the mental health care system.

Since the initial recommendations went to Congress in June, senior Defense Department officials have met weekly. Many changes were already implemented as officials developed the overall plan, officials said.

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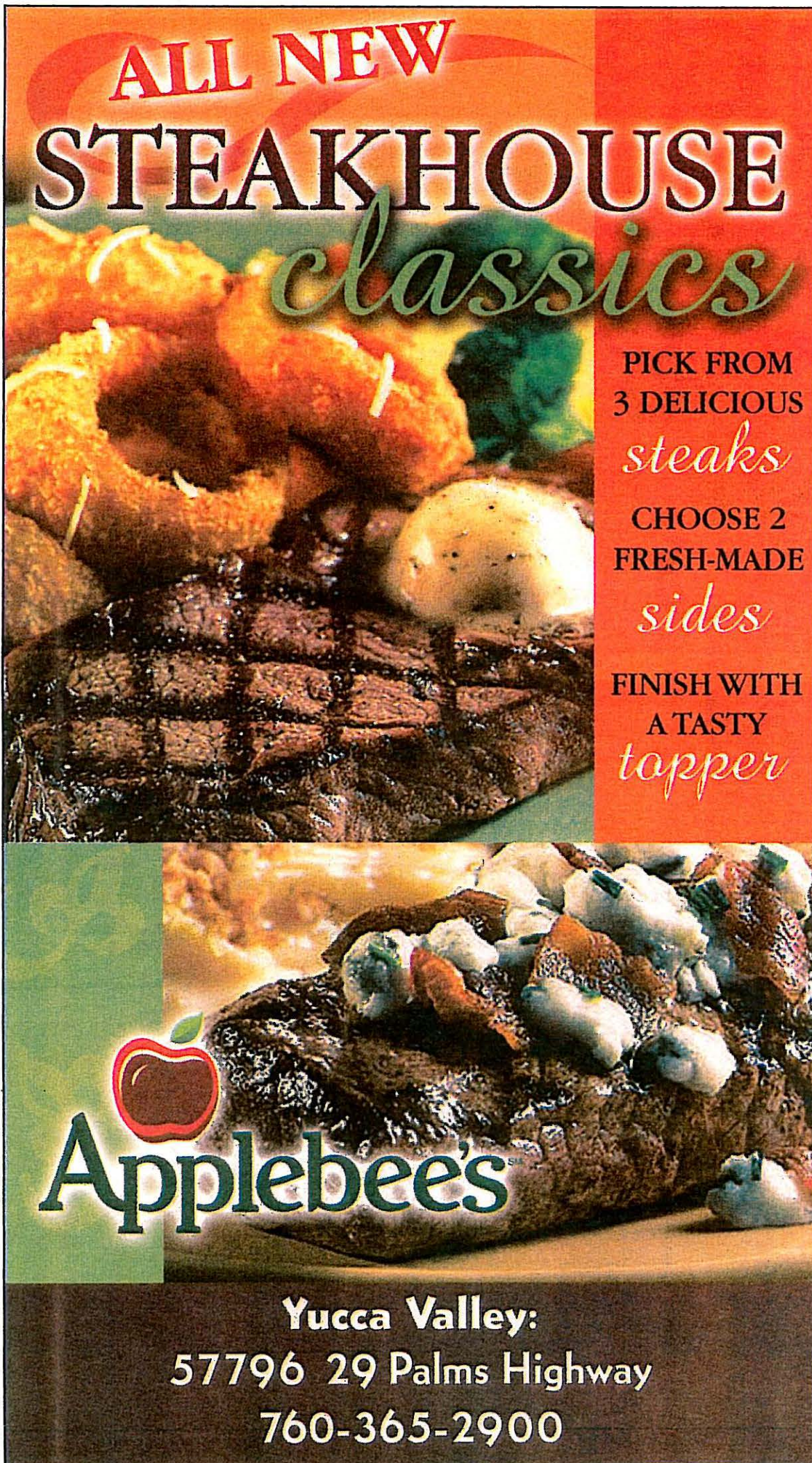
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## Admiral Roughead Assumes Office as 29th Chief of Naval Operations

WASHINGTON (NNS) — Adm. Gary Roughead assumed office as the 29th Chief of Naval Operations (CNO) during a ceremony held at Leutze Park aboard Washington Navy Yard Oct. 11.

Upon Senate confirmation, Roughead relieved Adm. Mike Mullen — who now serves as Chairman, Joint Chiefs of Staff — as CNO Sept. 29. The ceremony served to formally recognize Roughead's assumption of office.

Secretary of the Navy Donald C. Winter served as the ceremony's guest speaker. During his remarks, he said Roughead takes the Navy's helm during a "very challenging time in our nation's history."

He added that the Navy's number one priority must be maintaining a long-term perspective and building a Navy "capable of meeting 21st century challenges."

"Given the uncertain future path of potential adversaries, the growing concern over nuclear and missile technology proliferation, the increased focus on submarines and naval power by many nations, we simply cannot afford to reduce our historical commitment to supremacy at sea," Winter said. "Our new Chief of Naval Operations shares this point of view."

Winter went on to say that Roughead has a long-term strategic perspective, and a long track record of being an exceptional leader in challenging positions both at sea and ashore.

"He is the right leader to assume command of the Navy during these challenging times, and he takes the helm of an organization of which America is justly proud," he said.

After thanking the President, Secretary of Defense, Secretary of the Navy and Mullen, Roughead said he was excited to be the CNO, and was honored and humbled, and by the "scope and sweep of the task ahead."

He pointed out that though the Navy has undergone many changes, the one thing that hasn't changed is the "centrality of the American Sailor who remains the face of sea power around the world."

Roughead also took the opportunity to reiterate his top three priorities; maintaining current warfighting readiness, building a Navy for tomorrow and providing for our people.

"People are the key," Roughead emphasized. "All we acquire and all we do is of little worth without the people who give it value."

"Our policies must reflect the diversity of our nation. Our policies and practices must enable us to attract, recruit, and retain the men and women of America," he explained. "Our policies must address the many rewards of service in the United States Navy, and we must be unwavering in our obligation to take care of those who serve our Navy, military and civilian, and their families."

Roughead took the opportunity to speak about the new maritime strategy — the first unified maritime strategy signed by all three of the nation's maritime services — which will be released next week at the 18th International Seapower Symposium.

Roughead said he attended the Symposium two years ago, and there were about 60 countries represented.

"Next week we return to Newport for the 18th Seapower Symposium, and this time, there will be over 100 countries represented in Newport," he said.

Roughead believes the increase is due to more nations understanding the imperative for sea power, and that security and prosperity depend upon the free flow of commerce on the world's oceans.

"They see that one nation does not do it alone," Roughead explained. "They see that cooperation is better than confrontation."

He added that it commits the nation's maritime services to working with partners around the world as a force for peace.

"I'm optimistic about the course that we are steering, and I remain inspired by those who serve in our great Navy."